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USING A DRAMATIZATION/DISCUSSION MODEL IN EDUCATING DEAF ADULTS

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Since the Fall of 1981, the Rhode Island Rehabilitation Association has been providing information workshops to the Rhode Island deaf community. Development of the initial project was a response to a need for greater awareness of services and, hopefully, greater usage by deaf people of available resources. The name of the project was, "Information, Please". It encompassed other activities in addition to the workshops: a needs assessment, publication of a resource directory, and the printing and distribution of a quarterly newsletter. But the focus was on reaching the maximum number of deaf consumers directly in a way in which they could become actively involved.

We who had worked with the Rhode Island deaf community for several years noticed a pattern in the way information was disseminated to groups. A speaker would be invited to appear at an organization meeting and familiarize the audience with a particular service, e.g., social security benefits, welfare benefits, etc. The only accommodation made was a sign language interpreter. In the lecture format which was completely interpreted, the speaker made no changes in his/her usual presentation. Generally this was followed by a brief question and answer session and distribution of literature on the topic.

The inadequacies of this approach include:

1. A tendency for the speaker to talk *at* the audience rather than to really communicate. This is enhanced by the use of the interpreter. The speaker loses contact with the audience when their eyes are riveted on another person.
2. In the lecture format, there is no opportunity for feedback until the end. The speaker having already been denied eye contact, has no way of knowing whether his/her remarks are being understood. Members of the audience who are attending closely to the interpreter have no time to digest concepts as they are being presented. What often happens as a result is

that the questions at the end are very sparse and the speaker assumes everything was clear.

3. The audience becomes very weary of watching an interpreter for 45 minutes or an hour and may "tune out" much earlier, missing the point of the talk.
4. The speaker leaves knowing as little about deaf people as when he/she arrived and assumes there is no further need to present information to this group.
5. The audience, leaving unsatisfied, forms a negative attitude toward future presentations of this sort.

The "Information, Please" project attempted to do something different. The first step was to identify a small group of deaf leaders. This group was invited to a meeting where several topics, which they felt were priority areas for workshops, were isolated. Subgroups of two or three persons were set up to work on each presentation. Six workshops were scheduled, one each month, and preparations for the first two began.

Two consumers worked with the main speaker on the "Independent Living" workshop. Since the speaker was fluent in sign language, no other facilitation was needed. The format that was decided upon was an overview presented by the speaker and three simultaneous discussion groups, two of which were led by consumers. These consumers were prepared in advance by the speaker and had developed some degree of expertise on their topics, "Housing" and "Advocacy." The audience, about seventy people, mostly deaf, was very receptive to these presentations and the three hour time allocation was not enough for all the questions and comments that were expressed. One problem that emerged was the difficulty in participating in all three of the small groups. The audience disliked choosing among the topics, as all the information was felt to be necessary.

The next two workshops were on taxes and social security benefits. Social security was a

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"bare bones" presentation since it was held during a snowstorm and only thirteen persons attended. The taxes workshop began with a presentation by an IRS speaker and then the audience was invited to prepare their own tax returns (short forms), assisted by two consumers who had been prepared for this task over several weeks. The response was again enthusiastic. Many people in the audience used the consumers as conduits rather than to approach the "expert" directly. While it was not possible to fully address the long form or special situations with this workshop, much of the vocabulary and the rules governing deductions became clearer.¹

It was for the fourth workshop, "Legal Services", that a new concept was utilized. While role-play is used commonly in the education of hearing as well as deaf people, its application with large groups of deaf adults was new to us. Three separate legal issues were to be presented by a lawyer and three consumer/participants: "Contracts", "Small Claims", and the "Criminal Trial". It was from the deaf consumers that the idea for short plays developed and, with very little prompting and almost no script, they did a remarkable acting job. There was more than a little humor involved and the audience became very lively, but with the discussion that followed each drama, many serious questions were raised.

For the "Criminal Trial", members of the audience volunteered to play jurors so that the level of participation was quite high. By the end of the evening it was clear that we had hit upon the ideal format. The combination of dramatization and discussion seemed to be varied enough to discourage boredom and invite active participation.

In the next two workshops, "Employment" and "Mental Health", the same approach was used. With the "Mental Health" presentation, we felt it was particularly appropriate to dramatize some true life situations that may require counseling. The consumers portrayed a family conflict showing two possible outcomes, one where intervention is sought at the mental health clinic and one where the situation deteriorates drastically without help. Based on audience response, this workshop went a long way toward clarifying the mental health system and dispelling myths.

With these last three workshops, attendance improved dramatically. There was an unmistakable heightening of audience participation with the use of dramas. Our feedback sheets indicated that real learning was taking place. Granted, we

were dealing with gross concepts, but we felt each of these last topics could successfully be stretched into series of smaller workshops, each dealing with one aspect of the whole.

Returning to our original objections to the traditional ways that information is presented to deaf groups, we can look at the Dramatization/Discussion Model in contrast.

1. There was no intermediary between the presenters and the audience. All of the dramas were presented in ASL with a sign-to-voice interpreter available. The main speaker talks briefly using an interpreter only to reinforce and clarify the ideas in the drama.
2. Natural pauses in the presentation allow for more immediate feedback. Questions can be asked while the concepts are fresh in the minds of the audience. Any misconceptions that occur can be addressed immediately.
3. Rather than "tuning out" from the task of watching an interpreter, the audience is energized by the dramatizations and becomes very involved.
4. The speaker learns a great deal about deaf people because they have been responsive, asked questions, and talked from their own experiences.
5. The audience leaves satisfied, having received new information in an entertaining format.

Since the end of the "Information, Please" project, the Rhode Island Rehabilitation Association has been able to offer additional workshops that have dealt with the topics of fire prevention, services for the elderly, and most recently, a four hour health fair. Dramatizations continue to be the core of these presentations and, as might be expected, several deaf consumers have emerged as feature players and now develop their skits autonomously.

Without the input of deaf people, this model would not have been successful. It is in the nuances of ASL that the "script" comes to life. Furthermore, the involvement of the deaf consumers in the "leader" or "model" role serves to reinforce the strength and self esteem of the deaf community as a whole.

We are excited by the prospect of the state affiliate of NAD picking up the ball at this time and continuing to present informational workshops that utilize this model.

¹In this workshop as in all the series, an evaluation form was completed which documented audience response.